



CHAHARI NIPAL
for mental health

Earthquake Response Report

Post Earthquake Response:
locating mentally distressed people in Lalitpur

Samagya Gautam and Sirjan Rai
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Introduction

This report summarises the findings of a project that focused on locating, and offering support to, mentally distressed men and women after the earthquakes in Nepal in April and May 2015. The location of our project was in the areas around Lalitpur (Lubhu, Bugmati, Khokana and Bagdole) as these areas were adversely affected by the earthquakes, but were not areas in which Chhahari Nepal for Mental Health (CNMH) had previously worked. The project lasted for one month.

Chhahari Nepal for Mental Health

Chhahari Nepal for Mental Health (CNMH) is a secular non- governmental organisation, which was began work in 2009. The vision of CNMH is to establish a just and equitable society, where the mental health needs and well-being of all women, men and children are addressed. CNMH is working in the district of Lalitpur in Kathmandu Valley, facilitating appropriate support and treatment for homeless and mentally ill people so that they can be accepted back into society.

Since 2011, Chhahari has been focusing on the 'Street Project' in Lalitpur. The project was initiated in order to identify the issues faced by mentally distressed men and women living on the streets of Lalitpur, then use this new understanding to develop programs that are targeted at meeting the needs of this vulnerable group.

Chhahari's response to earthquake:

A magnitude 7.9 earthquake struck Nepal on 25th April 2015 causing the greatest destruction the country has faced in 80 years. This was followed by a second earthquake that measured 7.3 on the Richter Scale on 12th May. More than 8,500 people were killed as a result of these earthquakes. Communities that were living in poverty before the earthquake have been hit extremely hard. Many people are panic stricken and hopeless and men, women and children affected by mental health issues are the most vulnerable at this time of emergency.

Prior to the devastating earthquakes, CNMH was working with 91 mentally distressed women and men (50 men and 41 women) on the streets, working particularly closely with 52 individuals. Since the earthquakes, CNMH has located the families of 30 clients.

Three days after the first earthquake, CNMH began to locate clients, ensure their safety, then investigate and address their wider needs. The CNMH team treated minor injuries and quickly started providing relief materials (including food and non-food items) and psycho-social counselling to mentally distressed women and men and their carers. During Phase I of Chhahari's **Post-Earthquake Activity Plan**, the emphasis was on assessing the physical, mental, social and economic impacts of the earthquake on individuals' lives. A central focus was on people's living conditions in the aftermath of the earthquake. CNMH was also involved in the

distribution of relief materials and in providing hot meals, primarily to mentally distressed men and women who were living on the streets. As CNMH worked on Phase-I the need to develop a second phase was identified to help to meet other people's needs.

Post-earthquake Activity Plan - Phase II

Locate other mentally distressed women and men and reunite them with their family/relatives

During Phase II, the main task was to find individuals who were living on the streets in areas that had been devastated by the earthquakes who had not yet gained access to Chhahari's services, and build positive working relationships with them. While locating these new clients and their carers the focus has been on areas in the Lalitpur district that were not previously covered by CNMH.

Earthquake Response Officer: Background

As many new clients were identified in the aftermath of the earthquake the need to document individuals needs and CNMH's responses quickly became apparent, to ensure that support could be maintained. Many of these individuals had become separated from their family and/or friends.

Two Earthquake Response Officers (EROs) were assigned to complete this essential work. Both EROs had been volunteering for Chhahari prior to the earthquake, so were familiar with the organisation's work and approach. The first ERO is currently studying towards a BA in Social Work in NIMS College. The second has a background in business (BBA) and is interested in the area of social work. Both officers had prior experience of interacting with many mentally distressed women and men and carers during regular home visits, as well as helping at the weekly day care centre (Welcome Centre) organised by CNMH. Alongside their work as EROs, both volunteers were also involved in the post-earthquake distribution of relief materials and hot meals to mentally distressed women and men, particularly those who were living on the streets. These experiences meant that both EROs were very familiar with working with mental health issues in the Lalitpur district, and were sensitive to individual needs.

Objectives of the project

Initial support for individuals focuses on assessing their current living conditions, assessing needs and setting priorities for support work. The next step is tracking down their families and, where necessary, reuniting individuals with their families. Reconnecting mentally distressed people with their families/carers is essential for ensuring that basic needs for food, shelter and clothing are met, but also for meeting social, medical, educational and economic needs. CNMH often finds this partnership approach with carers and family members to be extremely effective in supporting individuals with mental health issues.

Experiences and analysis from the field visits

While visiting many different locations around the Lalitpur area many mentally distressed women and men were found to be living in a miserable state with various mental, as well as physical, health problems. In our field visits we located **21 vulnerable people who had not yet accessed CNMH's services (13 men and 8 women)** in the areas around Lalitpur. Estimated ages ranged from 16 to 50 with most of them falling in the 20-40 age range. The majority of our clients are from Newari ethnicity, followed by Madhesi and Brahmin.

The EROs focused more on the areas such as Lubhu, Bungmati, Khokana and Bagdole as these were new areas for CNMH and had been badly affected by the earthquakes. According to the local community, more than 1200 houses had been damaged in Bungmati, more than 800 houses in Lubhu and an estimated 700 houses in Khokana. Nine people died in Lubhu and Khokana and 6 people died in Bugmati. In these areas we located **one client in Lubhu, two in Bugmati, three in Khokana and two in Bagdole, totaling eight new clients.**



Post-Earthquake destruction in Bugmati and Lubhu

Experiences show that the primary needs of mentally distressed women and men in earthquake-affected areas were basic needs, especially shelter, as many people became homeless after the earthquake. There was also a significant unmet need for Primary Health Care as many people had been injured by falling buildings. Later, we recognised the need for psycho-social counselling as people were suffering in the aftermath of the earthquakes.

Of the 21 mentally distressed women and men who were identified during our field visits, only 4 had family support while 17 were mentally distressed women and men who live on the street. Those with family support had a range of needs, including social needs (acceptance and

interaction in society), educational needs, employment needs and medical needs. In contrast, those living in poverty on the street had more basic needs for food, clothes, shelter, before the other needs could be addressed. In addition, the mentally distressed women and men living on the street had families but were estranged from them and were helpless with no one to support them. Therefore, another priority was to trace family members and reunite them.

Two of the mentally distressed women and men we met on the street were involved with an organisation that works in the field of mental health and has a care home. When these individuals had been located in the streets we informed the local policemen and, with their support, contacted the organisation, as we found their basic need was shelter.

It was often extremely difficult to locate clients, particularly those who live on the streets, as they often move around from place to place at different times of day. This unpredictability was often exacerbated by the uncertainty and fear caused by the earthquakes. In addition, local authorities and community members may have moved people to different shelters. On many occasions we were informed of a new client's whereabouts in a specific area but could not locate them.

In most of our field visits we saw many mentally distressed men and women who had consumed alcohol and were lying on the street. We were informed by the community that after the earthquake many mentally distressed men and women were seen in this state. We also saw a mentally distressed person in a drunken state abusing local people. Such situations made interactions with the individual, as well as with the local community, very challenging at times.

Increasing understanding of different people and their circumstances helped us to adapt our approach as necessary. Building trust quickly was crucial in order to help these vulnerable individuals who had been fighting for survival *and* suffering from mental health issues alone prior to our involvement. This task of building positive relationships was especially difficult in remote areas where people seemed shy and suspicious about our intentions.

Nepal is diverse in ethnicity, so communities are different in nature, behaviour and attitude and have varying beliefs and customs. As Earthquake Response Officers, we gained a valuable opportunity to learn about different customs and religions within the different communities we worked in, whilst finding common ground with the shared experience of the earthquakes. We gained valuable insights into a range of communities, and this experience will assist CNMH's future work.

CNMH's two EROs received extensive training relating to post-earthquake trauma counselling. This training was very helpful during the project, but also helped greatly in their own personal lives.

The officers had an opportunity to go to the hospital to visit the carer of one of Chhahari's clients. This visit helped them to further develop understanding of the value of CNMH's work. It became clear that since the involvement of CNMH in ensuring that the client had received proper medication and care, the client was now able to play an active role in taking care of the carer. Thus, both parties would have a better quality of life.

Chhahari's Welcome Centre every Wednesday highlights the crucial importance of positive social interaction for mentally distressed individuals. Positive change has been observed in many clients and their carers. In addition, Chhahari staff and volunteers have helped individuals to develop an acceptance of their mental illness, and empower them to take steps to improve their mental health.

Stories from the Street



To preserve the anonymity of our clients all names have been changed. Photographs have been selected with care, to respect the dignity of our clients.

Area 1: Bungmati

Bungmati is one of the areas of Lalitpur that was adversely affected by the earthquakes. The majority of people in this place are of Newari ethnicity. The place is beautiful with many religious attractions. Every year people celebrate the festival of Machindranath Jatra here. It is one of the most popular tourist areas where both domestic and foreign tourists visit. The earthquake of 25th April 2015 and the aftershocks severely damaged more than 1,200 houses and many people were forced to leave their houses. Nine people lost their lives in this area. We went to Bungmati to locate those people who were mentally distressed in the aftermath of the earthquakes. While working in the area we identified an individual who would benefit from the mental health services that Chhahari provides.

Ram



Ram is a 40 year old man from Bungmati, Lalitpur. His elder brother told us about him. At first, we saw him at the temple where he was sitting in the shade. After talking to his brother, we found out that Ram passed his School Leaving Certificate (SLC), then went on to work in politics. At the age of 17, he was in love with a girl but she later left him. Because of the stress of the breakup and additional stress at work, Ram developed mental health problems. According to his brother, he now asks any girl on the street to marry him, believing that she is his girlfriend.

After analysing his behaviour, looking at his medication and talking with his family members we learned that Ram was suffering from schizophrenia. Now he takes medication and has shown some signs of improvement. He benefits from constant support from his brothers and they demonstrate a positive attitude towards Ram.

When we visited Ram to follow up he said he wished to get married and thinks that marriage might solve his mental health problems. He needs social interaction so we asked his family to bring him to our Welcome Centre on Wednesdays.

Harsha

Harsha is 16 years old and lives with his family in Bagdole. There are 5 members in his family. His father works as a guard in a civil home (housing development) in Bhaisepati and his mother is a housewife. Harsha's older brother works as pastor in the church, and his little sister is at primary school. According to his father, Harsha suffers from 'mental retardation' and 'mental problems'. His father reported that Harsha could not continue studying due to mental retardation (intellectual development disorder). Harsha had problems adjusting in his school but is now attending Asha Disabled School. He struggles with intelligent and rational thinking.

After talking to his family we convinced his father to visit Chhahari with Harsha so that he could interact with the CNMH team and our clients. After the initial visit, Harsha's father attended our Wednesday day care centre and talked to us more about his son and his needs. A great concern was his need for medicine, which his family were struggling to afford on a limited household budget.

Angel

Angel is 25 years old and her house is near Dholahity. She is tall and attractive. Angel comes from a wealthy military family. We found her near Talchikhel, Lalitpur sitting in the footpath wearing a tank top and cropped trousers. When we asked around in the community, locals said that they have seen this girl many times in the area of Talchikel, especially after the earthquakes.

According to our contact, she was once seen in the street, naked and throwing stones at the passing vehicles. From a distance, she does not appear to be mentally distressed, but on closer observation she was found to be talking to herself. Unfortunately, we only saw Angel once and were not able to contact her again to carry out a proper follow-up.

Area 2: Lubhu

Lubhu is a village in the Lalitpur District. The main occupation of the people here is in agriculture. The earthquake of 12th Baisakh 2072 (25th April 2015) damaged many houses in the settlement. More than 800 houses were destroyed completely, and many others were damaged and needed to be demolished in the aftermath. Six people were killed by the earthquake in this area. After the earthquake we were informed about an individual who would benefit from CNMH's services by a local leader of Lubhu.

Indra



Indra is a 35 year old man from Lubhu. He lives with his mother and brothers. The local leader informed us that Indra has suffered from Dissociative Disorder for ten years. When we went to visit him at his house it was very difficult to bring him out of his room, and subsequently, very difficult to talk to him about his history as he suffers from dissociative amnesia, which means that he has difficulties remembering past events, as well as Ganser syndrome, which means that he understands questions but gives illogical answers.

According to the local leader, he is highly attracted to members of the opposite sex. While talking to him he often focuses on the topic of sexual intercourse, which made it very difficult to record his full history properly. While talking to him we noticed that he was wearing rings made out of wire on all of his fingers. When we asked why he wore those rings he said it was to attract women. He desires a lot of attention from the opposite sex. Later, we talked with his

family and realised that they did not know much about the field of mental health and were also unaware of his mental health issues. The main needs of this client are for proper awareness of mental health issues within his family and for positive social interaction.

Area 3: Khokana

Khokana is a beautiful area of Lalitpur where the majority of the population are of Newari ethnicity. The main occupations of the people here relate to agriculture. More than 700 houses were damaged by the earthquake. Nine people lost their lives and most of the residents of the area became homeless. Some of the villagers were suffering because of the trauma caused by the earthquakes, and we wanted to identify and help them. When we were working in Khokana, we found Rita and Ganga who were in need of assistance.

Rita

Rita is a 35 year old woman from Khokana who lives with her family. She is married and has two children. Two other family members live with them. During the earthquake Rita was working in the field alone, away from friends and family members. According to her father-in-law, Rita did not return to her work for weeks after the earthquake and was showing signs of shock, mood swings and helplessness. She was traumatised by what had happened, and had refused to enter her house for several days after the earthquake due to her fear of aftershocks.

When we suggested that we could provide local people with information about mental health issues and trauma they were not interested and refused to cooperate with us. This obstacle made it very difficult to gather more details about Rita. The most pressing need for this client is for psycho-social trauma counselling to help her to come to terms with what happened. Also there needs to be increased awareness, as well as acceptance, in this area regarding mental health issues and mental distress.

Ganga

Ganga is a 30 year old woman who was seen wandering in the streets of Khokana wearing ragged clothes. The locals of Khokana were not very supportive so we could not gather much information about her. Later, in our follow up, we found out through a contact that she was seen in Khokana after the earthquake wandering around the streets alone, shouting. She used to snatch goods, including food and clothes, from the people walking by. Later, local people called the police and Ganga was taken away.

We have observed an urgent need for increased awareness, and acceptance, of mental health issues in this community.

Challenges faced during the field visit

Location

As Earthquake Response Officers we had to travel to many remote areas of Lalitpur. We had to travel long distances, so had limited time at our specified locations.

Weather

Hot and wet weather meant that it was challenging to spend extended periods of time walking around the specified areas in order to identify potential new clients for Chhahari.

Language and cultural differences in the society

Lalitpur is a city with lots of Newari residents and our field visits were largely focused in this area. However, we were not of Newari ethnicity and had very little knowledge of their culture and language. Due to the language barrier, our interactions were sometimes limited and we could not collect as much information as we would have liked.

Nature of the client

Some mentally distressed women and men were aggressive or abusive in nature and used harsh words when we tried to interact with them. As a result, it was difficult to gather more information from these individuals. Also, many people we contacted had problems related to drug and alcohol abuse, which caused further communication problems.



The majority of the individuals we spoke to on the streets with mental health issues had low self-esteem and found it difficult to comprehend that positive change was possible. Trusting their ability to effect positive change within themselves is an important factor for improving mental health.

Lack of awareness and acceptance of mental health issues by carers and the wider community

In some communities we had to face significant challenges due to the negative attitudes of the carer as well as the wider community towards mental health problems. This often prevented us from finding any potential new clients to help in that area. Many of the mentally distressed women and men were found to be disconnected from their families rather than being homeless, and it was difficult to find their families when we did not receive assistance from local people.

Recommendations

We have already highlighted an increase in the number of people with mental health issues, especially in the areas that were severely affected by the earthquakes. In areas such as Khokana, we discovered that the immediate need was for **improved awareness and understanding of mental health issues**. In Lubhu, Bugmati and Khokana the priority was for **psycho-social and trauma counselling**.

According to recent figures released by the Metropolitan Police office, the suicide rate has increased by 24% since the earthquakes, especially among the 26-35 age group. In addition, there is an increased occurrence of trauma, stress and depression among the urban population after the earthquakes. As a result, we recommend that Chhahari provides psycho-social counselling and mental health support to individuals suffering from mental health issues and their carers, as well as to the wider community.

During our work as Earthquake Response Officers we received training about trauma counselling and this training proved to be essential in our work. We recommend that CNMH provides the community with **training courses related to trauma counselling and mental health support**.

Furthermore, after building positive relationships and rapport with new clients, we recommend that Chhahari prioritises providing them with **medical treatment**. Drugs to treat mental health issues are expensive, and families living in poverty struggle to afford them. Chhahari should **identify ways of encouraging individuals to follow treatment plans and increasing access to the necessary medication**.

At a later stage, it is necessary for CNMH to **encourage new clients and their carers to attend the day-care centre (Welcome Centre)** to allow individuals to express themselves through creative tasks (music, arts, cooking), build self-esteem (using meditation and field excursions) and support increased interaction with others. Previous experience has demonstrated the huge contribution Chhahari's Welcome Centre makes to helping people to improve their mental health.

Due to the limitation of time for the project we could not carry out a thorough follow-up on some mentally distressed women and men in the areas of Lalitpur. We recognise that we needed more interaction with individuals in order to fully understand their backgrounds and stories. Also, there is an urgent need to **locate individuals with mental health issues who are living on the street and their carers and reunite them.** We suggest that CNMH looks into these areas and carries out thorough follow up sessions for new clients.

The main objective of the Earthquake Response Officers was to locate new clients in the areas around Lalitpur. This report summarises the beginning of this process, and further work is needed to address the range of needs that are identified here.

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